



Date form completed dd/mmm/yyyy ____/____/____

A. ADMISSION

1. Age on admission ____ years

2. Sex Male Female Non-binary Unknown/Not available

3. Weight (If this information is not available input 999) ____ kg

4. Date of ICU admission. If this information is not available input 01/JAN/2001
dd/mmm/yyyy ____/____/____

5. Priority of ICU admission
 Elective/Planned Emergency/Unplanned Unknown/Not available

6. Type of ICU admission (select one only)
 Surgical Medical Trauma Obstetric

6.1. If 'Type of ICU admission' is 'Surgical' select 1 response most indicative of the primary diagnosis:

- Cardiac (heart and valves)
- Ears-nose-throat
- Endocrine
- Gastrointestinal
- Genito-urinary
- Haematological/Immunological
- Musculoskeletal (including plastic/reconstructive and orthopedic)
- Neurosurgical
- Thoracic
- Transplant
- Vascular
- Other
- Unknown/Not available

6.2. If 'Type of ICU admission' is 'Medical' select 1 response most indicative of the primary diagnosis:

- Allergy/Anaphylaxis
- Cardiovascular
- Cardiac arrest
- Dermatological
- Ears-nose-throat
- Endocrine, metabolic, thermoregulation
- Gastroenterology
- Genito-urinary/gynecologic
- Hematological
- Immunological
- Infection/Sepsis
- Musculoskeletal
- Neurological
- Oncology
- Palliative care
- Poisoning
- Pregnancy-related
- Psychiatric
- Respiratory
- Rheumatological
- Suspected/confirmed COVID-19 pneumonia/respiratory failure
- Other
- Unknown/Not available

6.3. If 'Type of ICU admission' is 'Trauma', select all that apply:

- Abdominal injury
- Burn injury
- Chest/Thoracic injury
- Head injury (isolated)
- Polytrauma (without head injury)
- Polytrauma (with head injury)
- Spinal cord injury
- Other
- Unknown/Not available

7. Indicate the primary diagnosis/problem on ICU admission: (If not known or not available input: NA)

8. Indicate the secondary diagnosis/problem on ICU admission: (If not known or not available input: NA)



B. ICU ORGAN SUPPORT

1. **Indicate the date the patient was first intubated and mechanical ventilation was started.** If this information is not available input 01/JAN/2001.

dd/mmm/yyyy ____/____/_____

2. **Indicate the date of extubation.** If this information is not available or the patient was transferred to another location prior to extubation input 01/JAN/2001.

If the patient was extubated more than once during this ICU admission, indicate the date of the LAST extubation. If the patient died prior to extubation, enter the date of death.

dd/mmm/yyyy ____/____/_____

3. **Has the patient had a tracheostomy inserted during this ICU stay?**

Yes No Unknown/Not available

3.1. If the patient received a tracheostomy during this ICU enter date of tracheostomy procedure. If this information is not available input 01/JAN/2001.

dd/mmm/yyyy ____/____/_____

4. **Did the patient receive Renal Replacement Therapy during this ICU stay?**

Yes No Unknown/Not available

C. DISCHARGE

1. **Indicate the date of discharge from ICU.** If this information is not available input 01/JAN/2001, if the patient is still in the ICU input 08/AUG/2008.

dd/mmm/yyyy ____/____/_____

2. **Indicate the status on discharge from ICU:**

Alive Died Unknown/Not available

2.1. If discharged from ICU Alive indicate the discharge destination from ICU:

- Ward
- Another hospital (ICU/HDU)
- Home
- Nursing home
- Other
- Intermediate Care Unit/High Dependency Unit
- Another hospital (ward)
- Hospice
- Rehabilitation hospital
- Data/Information not available

2.2. If discharged from ICU Alive enter the date of discharge from hospital (If this information is not available input 01/JAN/2001)

dd/mmm/yyyy ____/____/_____

2.3. If discharged from ICU Alive indicate the status on discharge from hospital:

- Alive
- Deceased
- Unknown/Not available